

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

TALITHA KINCADE BROUGHTON, :
Plaintiff, :
 :
v. : CAFN: 1:22-cv-04229-ELR
 :
WALMART, INC., :
Defendant, :

PLAINTIFF’S INITIAL DISCLOSURES

(1) State precisely the classification of the cause of action being filed, a brief factual outline of the case including plaintiff’s contentions as to what defendant did or failed to do, and a succinct statement of the legal issues in the case.

The legal issues are duty, breach, causation and damages arising from a tort claim. Plaintiff filed this tort action to seek compensation for loss suffered from personal injuries sustained when the Plaintiff slipped and fell on the premises of one of Defendant’s store locations. Plaintiff contends that the injuries, pain, and suffering which followed the incident were directly and proximately cause by the negligence of the Defendant in maintaining a reasonably safe public area for its patrons.

The legal issues in this case are whether Defendant breached their duty of care to Plaintiff when it failed to maintain a safe environment for its invitees; and if so, whether Plaintiff should be awarded fair and reasonable compensation for her loss.

- (2) Describe in detail all statutes, codes, regulations, legal principles, standards and customs or usages, and illustrative case law which plaintiff contends are applicable to this action.

Statutes:

O.C.G.A. § 51-3-1 Duty of owner or occupier of land to invitee.

O.C.G.A. § 51-1-2 Ordinary diligence and ordinary negligence defined.

O.C.G.A. § 51-1-6 Recovery of damages upon breach of legal duty.

O.C.G.A. § 51-12-1 Types of damages; evidence admissible in actions involving special damages.

O.C.G.A. § 51-12-4 Damages given as compensation for injury; measure of damages generally; nominal damages

O.C.G.A. § 51-12-7 Recovery of necessary expenses.

Plaintiff reserves the right to amend and/or supplement this response to this

Disclosure.

(3) Provide the name and, if known, the address and telephone number of each individual likely to have discoverable information that you may use to support your claims or defenses, unless solely for impeachment, identifying the subjects of the information. (Attach witness list to Initial Disclosures as Attachment A.)

See attached witness list as Attachment A.

(4) Provide the name of any person who may be used at trial to present evidence under Rules 702, 703, or 705 of the Federal Rules of Evidence. For all experts described in Fed.R.Civ.P. 26(a)(2)(B), provide a separate written report satisfying the provisions of that rule. (Attach expert witness list and written reports to Responses to Initial Disclosures as Attachment B.)

Expert witness list and reports will be obtained and provided at a later date by stipulation of the parties.

(5) Provide a copy of, or a description by category and location of, all documents, data compilations or other electronically stored information, and tangible things in your possession, custody, or control that you may use to support your claims or defenses unless solely for impeachment, identifying the subjects of the information. (Attach document list and descriptions to Initial Disclosures as Attachment C.)

See attached list of documents as Attachment C.

(6) In the space provided below, provide a computation of any category of damages claimed by you. In addition, include a copy of, or describe by category and location of, the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered, making such documents or evidentiary material available for inspection and copying as under Fed.R.Civ.P. 34.

(Attach any copies and descriptions to Initial Disclosures as Attachment D.)

Plaintiff's special damages in an amount in excess of \$104,599.34.

Plaintiff's future special damages in the approximate amount of

\$3,000,000.00. Plaintiff's past and future pain and suffering to be

determined by the jury. See description and copies in Attachment D.

(7) Attach for inspection and copying as under Fed.R.Civ.P. 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in this action or to indemnify or reimburse for payments made to satisfy the judgment. (Attach copy of insurance agreement to Initial Disclosures as Attachment E.)

See National Union Fire Insurance Company of Pittsburgh, PA Commercial

General Liability Declarations attached as Attachment E.

(8) Disclose the full name, address, and telephone number of all persons or legal entities who have a subrogation interest in the cause of action set forth in plaintiff's cause of action and state the basis and extent of such interest.

1. Anticipated medical lien by Choice One Physical Therapy, 1810 Mulkey Road, Suite 101 Austell, GA 30106; 770-948-6537; \$22,151.00+.
2. Anticipated medical lien by Shelton Sports and Spine, 4300 Pleasant Hill Road, Duluth, Georgia 30096; 470-822-1144; \$61,146.04+.
3. Anticipated medical lien by WellStar Health System, 677 Church Street, Marietta, Georgia 30060-1101; 770-793-5000; \$7,282.80.
4. Anticipated medical lien by American Health Imaging, 6025 Professional Parkway, Suite 104, Douglasville, Georgia 30134; 470-412-6300; \$2,370.00.
5. Medical lien by AICA Orthopedics, 1965 N Park Place SE Ste 200, Atlanta, Georgia 30339-2004; 404-947-6522; \$11,649.50.
6. Plaintiff's secured loan from Legal Bay, LLC, 8214 Hollywood Blvd, West Hollywood, CA 90069; 213-257-7990; \$4,428.00+.
7. Plaintiff's secured loan from Oasis Financial, 9525 W Bryn Mawr Ave, Ste 900, Rosemont, IL 60018; 800-404-8546; \$620.00+.

Respectfully submitted this 28th day of November, 2022.

/s/ Christopher S. Harris
Georgia Bar No. 135243
Attorney for the Plaintiff

The Law Firm of Harris & Harris, LLC
P.O. Box 679
Palmetto, Georgia 30268
770-632-8988
harrisandharrislaw@gmail.com

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

TALITHA KINCADE BROUGHTON, :
Plaintiff, :
 :
v. : CAFN: 1:22-cv-04229-ELR
 :
WALMART, INC., :
Defendant, :

CERTIFICATE OF SERVICE

I certify that I electronically filed the within and foregoing document with the Clerk of Court using the CM/ECF system which will automatically send email notification to the following attorney of record:

Casey J. Brown and Jonathan M. Adelman
Walden Adelman Castilla Hiestand and Prout
900 Circle 75 Parkway, Suite 1040
Atlanta, Georgia 30339
jadelman@wachp.com
cbrown@wachp.com

/s/ Christopher S. Harris
Georgia Bar No. 135243
Attorney for the Plaintiff

The Law Firm of Harris & Harris, LLC
P.O. Box 679
Palmetto, Georgia 30268
770-632-8988
harrisandharrislaw@gmail.com

CERTIFICATE OF COMPLIANCE WITH LOCAL RULES 7.1(D)

Pursuant to L.R. 5.1C, N.D. Ga., I hereby certify that the foregoing pleadings has been prepared with Times New Roman 14 point font.

This 28th day of November, 2022.

/s/ Christopher S. Harris
Georgia Bar No. 135243
Attorney for the Plaintiff

The Law Firm of Harris & Harris, LLC
P.O. Box 679
Palmetto, Georgia 30268
770-632-8988
harrisandharrislaw@gmail.com

Attachment A

1. Plaintiff, by and through her counsel at Harris & Harris, LLC, Christopher S. Harris, P.O. Box 679, Palmetto, Georgia 30268; 770-632-8988;
harrisandharrislaw@gmail.com.
2. Treatment providers at AICA Orthopedics, 1965 N Park Place SE Ste 200, Atlanta, Georgia 30339-2004; 404-947-6522.
3. Treatment providers at Shelton Sports and Spine, 4300 Pleasant Hill Road, Duluth, Georgia 30096; 470-822-1144.
4. Treatment providers at WellStar Kennestone Hospital, 677 Church Street, Marietta, Georgia 30060-1101; 770-793-5000.
5. Treatment providers at American Health Imaging, 6025 Professional Parkway, Suite 104, Douglasville, Georgia 30134; 470-412-6300.
6. Treatment providers from Choice One Physical Therapy, 1810 Mulkey Road, Suite 101 Austell, GA 30106; 770-948-6537.
7. All witnesses named and identified by Defendant in Defendant's Initial Disclosures.
8. Plaintiff reserves the right to amend and supplement her list of witnesses as necessary during the course of discovery.

Attachment B

Expert witness list and reports will be obtained and provided at a later date by stipulation of the parties.

Attachment C

1. Plaintiff's medical records and billing from AICA Orthopedics.
2. Plaintiff's medical records and billing from Shelton Sports and Spine.
3. Plaintiff's medical records and billing from WellStar Kennestone Hospital.
4. Plaintiff's medical records and billing from American Health Imaging.
5. Plaintiff's medical records and billing from Choice One Physical Therapy.

Attachment D

1. Billing from AICA Orthopedics.
2. Billing from Shelton Sports and Spine.
3. Billing from WellStar Kennestone Hospital.
4. Billing from American Health Imaging.
5. Billing from Choice One Physical Therapy.

Patient:**Kincade, Talitah****Person Number 29029****Medical Record Number 000020040559**

6270 Havens Side Rd - Apt 5

Sacramento, CA 95831

Account Guarantor:**Kincade, Talitah****Person Number 29029****Account Number 25037**

6270 Havens Side Rd - Apt 5

Sacramento, CA 95831

Statement for practice AICA Orthopedics, P.C.

Encounter Date: 12/1/2020 (Enc# 384613)

Rendering Provider: Lundrigan DC, Daniel

Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
12/1/2020	99203	E/M New Pat, Level 3 (99203)	1	\$247.00
12/1/2020	72100	Xr, Spine, L/S; 2 Or 3 Vws	1	\$186.00
12/1/2020	73030	Xr, Shoulder, Complete, Min 2 Vws	1	\$169.00
12/1/2020	72070	Xr, Spine; Thoracic, 2 Vws	1	\$156.00
12/1/2020	72040	Xr, Spine, Cervical; 2 Or 3 Vws	1	\$151.00
12/1/2020	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
12/1/2020	97035	Appl Modality 1+ Areas Us Ea 15 Min	1	\$58.00
12/1/2020	A4556	Electrodes - 2 PAIRS	2	\$50.00
12/1/2020	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00
Encounter Totals				\$1,107.00

Encounter Date: 12/4/2020 (Enc# 387404)

Rendering Provider: Lundrigan DC, Daniel

Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
12/4/2020	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
12/4/2020	97035	Appl Modality 1+ Areas Us Ea 15 Min	1	\$58.00
12/4/2020	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00
Encounter Totals				\$148.00

Encounter Date: 12/10/2020 (Enc# 390786)

Rendering Provider: Chappuis PA, Rick

Location: AICA 10 West

Date \ of Service	CPT Code	Description	Qty	Charges
12/10/2020	L0627	Lumbar Ortho Disc Unloader	1	\$1,197.50

Patient:
Kincade, Talitah
Person Number 29029
Medical Record Number 000020040559
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Account Guarantor:
Kincade, Talitah
Person Number 29029
Account Number 25037
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Statement for practice AICA Orthopedics, P.C.

12/10/2020	99214	E/M Est Pat, Level 4 (99214)	1	\$225.00
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Encounter Totals

\$1,422.50

Encounter Date: 12/10/2020 (Enc# 390860)

Rending Provider: Sura DC, Hema
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
12/10/2020	98940	Cmt 1-2 Regions	1	\$80.00
12/10/2020	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
12/10/2020	97035	Appl Modality 1+ Areas Us Ea 15 Min	1	\$58.00
12/10/2020	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00

Encounter Totals

\$228.00

Encounter Date: 12/15/2020 (Enc# 393390)

Rending Provider: Sura DC, Hema
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
12/15/2020	98941	Cmt 3-4 Regions	1	\$91.00
12/15/2020	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
12/15/2020	97035	Appl Modality 1+ Areas Us Ea 15 Min	1	\$58.00
12/15/2020	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00

Encounter Totals

\$239.00

Encounter Date: 12/18/2020 (Enc# 395657)

Rending Provider: Sura DC, Hema
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
12/18/2020	98941	Cmt 3-4 Regions	1	\$91.00
12/18/2020	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
12/18/2020	97035	Appl Modality 1+ Areas Us Ea 15 Min	1	\$58.00

Patient:
Kincade, Talitah
Person Number 29029
Medical Record Number 000020040559
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Account Guarantor:
Kincade, Talitah
Person Number 29029
Account Number 25037
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Statement for practice AICA Orthopedics, P.C.

12/18/2020	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00
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Encounter Totals

\$239.00

Encounter Date: 12/22/2020 (Enc# 396908)

Rending Provider: Lundrigan DC, Daniel
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
12/22/2020	98941	Cmt 3-4 Regions	1	\$91.00
12/22/2020	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
12/22/2020	97035	Appl Modality 1+ Areas Us Ea 15 Min	1	\$58.00
12/22/2020	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00

Encounter Totals

\$239.00

Encounter Date: 12/29/2020 (Enc# 399683)

Rending Provider: Sura DC, Hema
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
12/29/2020	98940	Cmt 1-2 Regions	1	\$80.00
12/29/2020	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
12/29/2020	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00

Encounter Totals

\$170.00

Encounter Date: 1/4/2021 (Enc# 402268)

Rending Provider: Sura DC, Hema
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
1/4/2021	98941	Cmt 3-4 Regions	1	\$91.00
1/4/2021	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
1/4/2021	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00

Encounter Totals

\$181.00

Patient:
Kincade, Talitah
Person Number 29029
Medical Record Number 000020040559
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Account Guarantor:
Kincade, Talitah
Person Number 29029
Account Number 25037
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Statement for practice AICA Orthopedics, P.C.

Encounter Date: 1/7/2021 (Enc# 404880)

Rending Provider: Chappuis PA, Rick
 Location: AICA 10 West

Date \ of Service	CPT Code	Description	Qty	Charges
1/7/2021	99214	E/M Est Pat, Level 4 (99214)	1	\$225.00
Encounter Totals				\$225.00

Encounter Date: 1/7/2021 (Enc# 404960)

Rending Provider: Sura DC, Hema
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
1/7/2021	98941	Cmt 3-4 Regions	1	\$91.00
1/7/2021	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00
1/7/2021	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00
Encounter Totals				\$181.00

Encounter Date: 1/21/2021 (Enc# 412086)

Rending Provider: Sims PT, Christina
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
1/21/2021	97162	Physical Therapy Evaluation (Moderate Complexity)	1	\$247.00
1/21/2021	97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	1	\$92.00
Encounter Totals				\$339.00

Encounter Date: 1/21/2021 (Enc# 412174)

Rending Provider: Lundrigan DC, Daniel
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
1/21/2021	99213	E/M Est Pat, Level 3 (99213)	1	\$154.00
1/21/2021	97014	Appl Modality 1+ Areas Elec Stim Unattn	1	\$60.00

Patient:
Kincade, Talitah
Person Number 29029
Medical Record Number 000020040559
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Account Guarantor:
Kincade, Talitah
Person Number 29029
Account Number 25037
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Statement for practice AICA Orthopedics, P.C.

1/21/2021	97010	Appl Modality 1+ Areas Hot/Cold Packs	1	\$30.00
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Encounter Totals

\$244.00

Encounter Date: 1/28/2021 (Enc# 416044)

Rending Provider: Sims PT, Christina
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
1/28/2021	97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	2	\$184.00

Encounter Totals

\$184.00

Encounter Date: 1/29/2021 (Enc# 416623)

Rending Provider: Considine MD, John
 Location: AICA 10 West

Date \ of Service	CPT Code	Description	Qty	Charges
1/29/2021	73221	MRI Extremity Upper Joint w/o Contrast	1	\$2,478.00

Encounter Totals

\$2,478.00

Encounter Date: 2/1/2021 (Enc# 417550)

Rending Provider: Jones III MD, Edwin Ladd
 Location: AICA 10 West

Date \ of Service	CPT Code	Description	Qty	Charges
2/1/2021	99214	E/M Est Pat, Level 4 (99214)	1	\$225.00

Encounter Totals

\$225.00

Encounter Date: 2/9/2021 (Enc# 422182)

Rending Provider: Sims PT, Christina
 Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
2/9/2021	97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	2	\$184.00

Encounter Totals

\$184.00

Patient:
Kincade, Talitah
Person Number 29029
Medical Record Number 000020040559
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Account Guarantor:
Kincade, Talitah
Person Number 29029
Account Number 25037
 6270 Havens Side Rd - Apt 5
 Sacramento, CA 95831

Statement for practice AICA Orthopedics, P.C.

Encounter Date: 2/9/2021 (Enc# 422232)

Rending Provider: Barnes MD, Calvin

Location: AICA 10 West

Date \ of Service	CPT Code	Description	Qty	Charges
2/9/2021	72141	MRI Cervical Spine without Contrast	1	\$2,385.00
Encounter Totals				\$2,385.00

Encounter Date: 2/10/2021 (Enc# 422934)

Rending Provider: Hayes, PTA, William

Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
2/10/2021	97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	2	\$184.00
2/10/2021	97140	Mnl Ther Tqs 1+ Regions Ea 15 Min	1	\$90.00
Encounter Totals				\$274.00

Encounter Date: 2/16/2021 (Enc# 426182)

Rending Provider: Hayes, PTA, William

Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
2/16/2021	97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	2	\$184.00
2/16/2021	97140	Mnl Ther Tqs 1+ Regions Ea 15 Min	1	\$90.00
Encounter Totals				\$274.00

Encounter Date: 2/23/2021 (Enc# 429712)

Rending Provider: Hayes, PTA, William

Location: AICA 04 Cobb

Date \ of Service	CPT Code	Description	Qty	Charges
2/23/2021	97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	2	\$184.00
2/23/2021	97140	Mnl Ther Tqs 1+ Regions Ea 15 Min	1	\$90.00
Encounter Totals				\$274.00

Patient:**Kincade, Talitah****Person Number 29029****Medical Record Number 000020040559**

6270 Havens Side Rd - Apt 5

Sacramento, CA 95831

Account Guarantor:**Kincade, Talitah****Person Number 29029****Account Number 25037**

6270 Havens Side Rd - Apt 5

Sacramento, CA 95831

Statement for practice AICA Orthopedics, P.C.

Encounter Date: 3/1/2021 (Enc# 432529)

Rendering Provider: Jones III MD, Edwin Ladd

Location: AICA 10 West

Date \ of Service	CPT Code	Description	Qty	Charges
3/1/2021	99214	E/M Est Pat, Level 4 (99214)	1	\$225.00
Encounter Totals				\$225.00

Encounter Date: 3/3/2021 (Enc# 434095)

Rendering Provider: Hasbun PT, Marjorie

Location: AICA 13 Buckhead

Date \ of Service	CPT Code	Description	Qty	Charges
3/3/2021	97110	Ther Px 1+ Areas Ea 15 Min Ther Xerss	2	\$184.00
Encounter Totals				\$184.00

Grand Totals**\$11,649.50**

Shelton Sports and Spine, LLC**Timothy Shelton, MD**

4300 Pleasant Hill Road Suite A

Duluth, GA 30096

P: 470-822-1144

F: 678-401-0372

sheltonmd@sheltonmd.com

INVOICE

Date: 6/21/22

Harris and Harris Law
770-632-8988

Patient Name:	Procedure/Charge:
Name: Talitha Kincade DOB: [REDACTED]	
Encounter Date: 12/14/21 Lumbar trigger point injections under U/S	New patient evaluation and treatment: 99204.25: \$750 Trigger Point Injections 20553: \$2,895 Ultrasound: 76942: \$961
Encounter Date: 1/12/22 Left SI joint injection under fluoroscopy	f/u visit: 99214.25: \$650 27096: \$4,895 Fluoroscopy: 77002: \$961 Meds: J1094: \$62.50 Contrast: q9967: \$98.25 Sterile tray: a4550: \$256.84
Encounter Date: 2/8/22 Left L3-S1 facet joint injections under fluoro	f/u visit: 99214.25: \$650 64493: \$3,500 64494: \$1,750 64495: \$1,250 Fluoroscopy: 77002: \$961 Meds: J1094: \$62.50 Sterile tray: a4550: \$256.84
Encounter Date: 3/4/22 Left L3-4, L4-5 Transforaminal epidural steroid injection under fluoro	f/u visit: 99214.25: \$650 Left L4-5, L5-S1 TF ESI: 64483: \$4,895 64484: \$3,995 Fluoroscopy: 77002: \$961 Meds: J1094: \$62.50 Contrast: q9967: \$98.25 Sterile tray: a4550: \$256.84
Total page 1	\$30,878.52

Name: Talitha Kincade DOB: [REDACTED]	
Encounter Date: 4/12/22 Left L3-4, L4-5 Transforaminal epidural steroid injection under fluoro	f/u visit: 99214.25: \$650 Left L4-5, L5-S1 TF ESI: 64483: \$4,895 64484: \$3,995 Fluoroscopy: 77002: \$961 Meds: J1094: \$62.50 Contrast: q9967: \$98.25 Sterile tray: a4550: \$256.84
Encounter Date: 5/23/22 Left L3-4, L4-5 Transforaminal epidural steroid injection under fluoro	f/u visit: 99214.25: \$650 Left L4-5, L5-S1 TF ESI: 64483: \$4,895 64484: \$3,995 Fluoroscopy: 77002: \$961 Meds: J1094: \$62.50 Contrast: q9967: \$98.25 Sterile tray: a4550: \$256.84
Encounter Date: 6/21/22 Left L3-S1 facet joint injections under fluoro	f/u visit: 99214.25: \$650 64493: \$3,500 64494: \$1,750 64495: \$1,250 Fluoroscopy: 77002: \$961 Meds: J1094: \$62.50 Sterile tray: a4550: \$256.84
Total page 2	\$30,267.52
Total page 1	\$30,878.52
Grand Total:	\$61,146.04



Statement Date: 12/16/2021
 Guarantor Name: Talitha Kincadebroughton
 Medical Record Number: 566274837
 Payor Plan: ESR TPL - ESR TPL

Interested in staying well? Get the latest health tips, news, and more on our new health information website at www.wellstar.org

GUARANTOR INFORMATION:

Talitha Kincadebroughton
 6270 HAVENSIDE DR APT 5
 SACRAMENTO, CA 95831-1532

This is not a bill. This is an itemization of your services for:

Patient Name:	Talitha Kincadebroughton	Admission Date:	08/31/20
Account ID:	10003884341	Discharge Date:	09/01/20
Guarantor ID:	500209744	Location:	WS Cobb Hospital

Current Account Charges: 5,612.20

Hospital Charges

Rev Code	Service Date	Description	Qty	Amount
0250	08/31/2020	METHOCARBAMOL 500 MG TAB	2	7.80
0320	08/31/2020	HC XR HIP UNI 2-3 VWS	1	507.00
0320	08/31/2020	HC XR KNEE 3VW	1	722.00
0320	08/31/2020	HC XR SHOULDER COMPLETE 2+VW	1	741.00
0320	08/31/2020	HC XR SPINE LUMBOSACRAL 2-3VW	1	914.00
0450	08/31/2020	HC ER SERVICE CLASS IV	1	2,027.00
0450	08/31/2020	HC IV INJ INITIAL	1	651.00
0636	08/31/2020	KETOROLAC TROMETHAMINE PER 15 MG	2	42.40
				5,612.20

Total hospital charges:

Total hospital payments and adjustments:

Current account balance - THIS IS NOT A BILL:

5,612.20



Mail Processing Center
 PO Box 3475 Toledo, OH 43607-0475



Interested in staying well? Get the latest health tips, news, and more on our new health information website at www.wellstar.org

GUARANTOR INFORMATION:

Talitha Kincadebroughton
6270 HAVENSIDE DR APT 5
SACRAMENTO, CA 95831-1532

Statement Date: 12/16/2021
Guarantor Name: Talitha Kincadebroughton
Medical Record Number: 566274837
Payor Plan: ESR TPL - ESR TPL

This is not a bill. This is an itemization of your services for:

Patient Name:	Talitha Kincadebroughton	Admission Date:	10/12/20
Account ID:	10003989865	Discharge Date:	10/12/20
Guarantor ID:	500209744	Location:	WS Cobb Hospital

Current Account Charges: 1,670.60

Hospital Charges

Rev Code	Service Date	Description	Qty	Amount
0250	10/12/2020	DEXAMETHASONE 4 MG TAB	2	18.40
0450	10/12/2020	HC ER SERVICE CLASS III	1	1,447.00
0450	10/12/2020	HC INJ IM/SUBQ	1	167.00
0636	10/12/2020	KETOROLAC TROMETHAMINE PER 15 MG	2	38.20
				1,670.60

Total hospital charges:

Total hospital payments and adjustments:

Current account balance - THIS IS NOT A BILL:

1,670.60



Mail Processing Center
PO Box 3475 Toledo, OH 43607-0475



FACILITY:

American Health Imaging of Douglasville,
LLC

INVOICE #:

Date: March 14, 2022

PATIENT:

Talitha Kincade

CPT Code	Procedure Name	Procedure Date	Billable Cost
72148	MRI Lumbar Spine w/o	3/3/2022	\$2,370.00
		Total Due:	\$2,370.00

THIS BALANCE HAS BEEN IDENTIFIED AS
YOUR RESPONSIBILITY. PLEASE REMIT
PAYMENT AS SOON AS POSSIBLE.

Make all checks payable to:

OMNI

**16905 Northcross Dr. Suite 300
Huntersville, NC 28078**

Choice One Physical Therapy
 1810 Mulkey Rd.
 Austell, GA 30106
 (770)948-6537

Statement Date

8/12/2022

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Talitha Kincade
 1202 Station club dr sw
 Marietta, GA 30060

Chart Number

KINTA000

Date	Document	Description	Case Number	Amount
Patient: Talitha Kincade Chart #: KINTA000 Case Description: MVA				
5/18/2022	2205180000	PT Initial Evaluation	2828	499.00
5/18/2022	2205180000	Therapuetic Exercise	2828	50.00
5/18/2022	2205180000	Manual Therapy	2828	65.00
5/18/2022	2205180000	ADL's (15 min)	2828	66.00
5/18/2022	2205180000	New pt Visit- MD	2828	750.00
5/18/2022	2205180000	NCV 11-12 Studies (upper Profile)	2828	2,392.00
5/18/2022	2205180000	Kinesio Taping - Shoulder	2828	125.00
5/20/2022	2205200000	Therapuetic Exercise	2828	100.00
5/20/2022	2205200000	Manual Therapy	2828	65.00
5/20/2022	2205200000	Therapuetic/Kinetic Activities (15 min)	2828	75.00
5/20/2022	2205200000	Kinesio Taping - Shoulder	2828	125.00
5/23/2022	2205230000	Therapuetic Exercise	2828	100.00
5/23/2022	2205230000	NMR	2828	64.00
5/23/2022	2205230000	Therapuetic/Kinetic Activities (15 min)	2828	75.00
5/23/2022	2205230000	Kinesio Taping - Shoulder	2828	125.00
5/25/2022	2205250000	Therapuetic Exercise	2828	100.00
5/25/2022	2205250000	NMR	2828	64.00
5/25/2022	2205250000	Therapuetic/Kinetic Activities (15 min)	2828	75.00
5/25/2022	2205250000	Lumbar/Pelvic Diagnostic	2828	1,512.00
5/25/2022	2205250000	Established pt Office Visit- MD	2828	650.00

Balance Due

Continued

Choice One Physical Therapy
 1810 Mulkey Rd.
 Austell, GA 30106
 (770)948-6537

Statement Date

8/12/2022

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Talitha Kincade
 1202 Station club dr sw
 Marietta, GA 30060

Chart Number

KINTA000

Date	Document	Description	Case Number	Amount
5/25/2022	2205250000	NCV 13 or more Studies (Lower profile)	2828	2,392.00
5/25/2022	2205250000	Kinesio Taping - Shoulder	2828	125.00
6/1/2022	2206020000	Therapeutic Exercise	2828	100.00
6/1/2022	2206020000	NMR	2828	64.00
6/1/2022	2206020000	Therapeutic/Kinetic Activities (15 min)	2828	75.00
6/1/2022	2206020000	Kinesio Taping- Hip	2828	125.00
6/8/2022	2206080000	Therapeutic Exercise	2828	100.00
6/8/2022	2206080000	NMR	2828	64.00
6/8/2022	2206080000	Therapeutic/Kinetic Activities (15 min)	2828	75.00
6/8/2022	2206080000	Established pt Office Visit- MD	2828	650.00
6/8/2022	2206080000	SSEP somatosensory evoked potentials ass	2828	2,380.00
6/8/2022	2206080000	Kinesio Taping - Shoulder	2828	125.00
6/15/2022	2206150000	Therapeutic Exercise	2828	100.00
6/15/2022	2206150000	NMR	2828	64.00
6/15/2022	2206150000	Therapeutic/Kinetic Activities (15 min)	2828	75.00
6/15/2022	2206150000	Established pt Office Visit- MD	2828	650.00
6/15/2022	2206150000	Lumbar Belt/Brace	2828	1,450.00
6/15/2022	2206150000	Kinesio Taping - Shoulder	2828	125.00
6/15/2022	2206150000	Kinesio Taping- Hip	2828	125.00
6/22/2022	2206220000	Therapeutic Exercise	2828	100.00
6/22/2022	2206220000	Manual Therapy	2828	65.00
6/22/2022	2206220000	NMR	2828	64.00
6/22/2022	2206220000	Therapeutic/Kinetic Activities (15 min)	2828	75.00

Balance Due

Continued

Choice One Physical Therapy
 1810 Mulkey Rd.
 Austell, GA 30106
 (770)948-6537

Statement Date

8/12/2022

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Talitha Kincade
 1202 Station club dr sw
 Marietta, GA 30060

Chart Number

KINTA000

Date	Document	Description	Case Number	Amount
6/22/2022	2206220000	Kinesio Taping - Shoulder	2828	125.00
6/22/2022	2206220000	Kinesio Taping- Hip	2828	125.00
6/29/2022	2206290000	Therapuetic Exercise	2828	100.00
6/29/2022	2206290000	NMR	2828	64.00
6/29/2022	2206290000	Therapuetic/Kinetic Activities (15 min)	2828	75.00
6/29/2022	2206290000	Established pt Office Visit- MD	2828	650.00
6/29/2022	2206290000	Kinesio Taping- Hip	2828	125.00
7/6/2022	2207110000	Therapuetic Exercise	2828	100.00
7/6/2022	2207110000	NMR	2828	64.00
7/6/2022	2207110000	Therapuetic/Kinetic Activities (15 min)	2828	75.00
7/6/2022	2207110000	Established pt Office Visit- MD	2828	650.00
7/6/2022	2207110000	Basic Vestibular test	2828	399.00
7/6/2022	2207110000	sinusoidal rotation test (Horz)	2828	299.00
7/6/2022	2207110000	Sinusoidal Rotation Test (Vert)	2828	299.00
7/6/2022	2207110000	Use Of Vertical Electrodes	2828	299.00
7/6/2022	2207110000	Kinesio Taping - Shoulder	2828	125.00
7/14/2022	2207140000	Therapuetic Exercise	2828	100.00
7/14/2022	2207140000	NMR	2828	64.00
7/14/2022	2207140000	Therapuetic/Kinetic Activities (15 min)	2828	75.00
7/14/2022	2207140000	Kinesio Taping - Shoulder	2828	125.00
7/14/2022	2207140000	Kinesio Taping- Hip	2828	125.00
7/29/2022	2207290000	Therapuetic Exercise	2828	100.00
7/29/2022	2207290000	NMR	2828	64.00

Balance Due

Continued

Choice One Physical Therapy
1810 Mulkey Rd.
Austell, GA 30106
(770)948-6537

Statement Date

8/12/2022

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Talitha Kincade
1202 Station club dr sw
Marietta, GA 30060

Chart Number

KINTA000

Date	Document	Description	Case Number	Amount
7/29/2022	2207290000	Therapeutic/Kinetic Activities (15 min)	2828	75.00
7/29/2022	2207290000	Kinesio Taping - Shoulder	2828	125.00
8/3/2022	2208030000	PT Re- Evaluation	2828	399.00
8/3/2022	2208030000	ADL's (15 min)	2828	66.00
8/3/2022	2208030000	Established pt Office Visit- MD	2828	650.00
8/10/2022	2208100000	Therapeutic Exercise	2828	100.00
8/10/2022	2208100000	NMR	2828	64.00
8/10/2022	2208100000	Therapeutic/Kinetic Activities (15 min)	2828	75.00
8/10/2022	2208100000	Kinesio Taping - Shoulder	2828	125.00

Balance Due

22,151.00

Attachment E

Attached *National Union Fire Insurance Company of Pittsburgh, PA*
Commercial General Liability Declarations.



Coverage is provided by

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

(a capital stock company)

175 Water Street, New York, NY 10038
(212) 458-5000

COMMERCIAL GENERAL LIABILITY DECLARATIONS

NAMED INSURED & MAILING ADDRESS

WALMART INC.
702 SW 8TH ST
BENTONVILLE, AR 72716-0695

PRODUCER'S NAME & MAILING ADDRESS

MARSH USA INC.
1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-3712

POLICY PERIOD: From 09/15/2020 to 09/15/2021 at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

☒ CORPORATION ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL ☐ OTHER

BUSINESS DESCRIPTION: DEPARTMENT STORES

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY: ON FILE WITH COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

POLICY PREMIUM:*

PREMIUM SHOWN IS PAYABLE: at inception.

*This policy is subject to annual audit.

Premium for Certified Acts of Terrorism Coverage Under Terrorism Risk Insurance Act 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act 2015:
\$500 Included In Policy Premium

SCHEDULE OF STATE TAXES, FEES AND SURCHARGES, IF APPLICABLE:**

Kentucky Premium Surcharge \$17.00
New Jersey
West Virginia

**State Taxes, Fees and Surcharges shown are in addition to the above referenced Policy Premium.

Please refer to the attached Addendum for any applicable Kentucky Taxes.

ENDORSEMENTS ATTACHED TO THIS POLICY: SEE ATTACHED FORMS SCHEDULE

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORMS, AND ENDORSEMENTS IF ANY ISSUED TO FORM A PART THEREOF COMPLETE THE ABOVE NUMBERED POLICY.

Date Issued: 12/01/2020

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$1,000,000	Any one premise
MEDICAL EXPENSE LIMIT	NOT COVERED	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT	\$3,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$3,000,000	

RETROACTIVE DATE (CG 00 02 ONLY)	
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.	
RETROACTIVE DATE:	NONE
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES.)	

CLASSIFICATION AND PREMIUM						
CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
			Prem/Prod/comp Ops Ops		Prem/ Ops	Prod/comp Ops
SEE COMPOSITE RATE ENDORSEMENT						
A = AREA					Total:	

A = AREA
 C = TOTAL COST
 M = ADMISSIONS
 O = TOTAL OPERATING EXPENSES
 P = PAYROLL
 S = GROSS SALES
 T = OTHER
 U = UNITS (EACH)

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its President, Secretary and Authorized Representative.



President

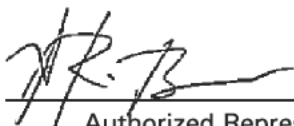
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

This Policy shall not be valid unless signed below at the time of issuance by an authorized representative of the insurer.



Authorized Representative